



# Healthy Lives

## Why Healthy Lives?

The NHS sees 1 million people every day. This figure is growing - visits to accident and emergency alone have risen by a third in 12 years and, with an expanding and ageing population, this use of primary and secondary services is set to increase:

- Capacity pressures on general practice has increased substantially. The number of GP consultations grew by more than 15% between 2010/11 and 2014/15 ([The King's Fund](#)). Offering the level of personalisation patients require can be challenging as there are increasing numbers of people with complex conditions and rising public expectations of service delivery;
- Local authorities are juggling competing public health priorities of providing interventions to both prevent health issues whilst supporting people with existing health conditions;
- Hospitals, especially A&E departments, face on going pressures. Without reform within healthcare provision, the NHS funding gap is [predicted to grow](#) to £30 billion by 2021.

### **There needs to be the right kind of services that promote and sustain healthy lives to reduce these pressures.**

The NHS Five Year Forward Plan argues for 'a radical upgrade of prevention and public health' and outlines the need to create more integrated care through working collaboratively with the voluntary sector. To improve people's chances to lead healthy lives, transformational and sustainable change is essential.

[Social Impact Bonds](#) (SIBs) provide an exciting opportunity to support and grow services that improve people's health and wellbeing through better physical and mental health. SIBs can be a mechanism to fund evidence-based interventions and preventative services that focus on supporting people to achieve improved outcomes. A SIB could also help overcome silo-working and separated funding streams, as it enables local authorities, clinical commissioning groups, and other organisations to co-commission outcomes and involve the local voluntary community and social enterprise (VCSE) sector.

### Further Information

Please view [this video](#) for further information on SIBs.

More information on frequently asked questions about the Life Chances Fund and SIBs can be found [here](#).

You can also discuss particular aspects of your proposal by [sending us an email](#).

### What is a social impact bond?

Social Impact Bonds (SIBs) seek to improve the social outcomes of publicly funded services by making funding conditional on achieving results. A social investor, seeking social as well as financial returns, provides the upfront funding to providers to deliver the service.

Local commissioners pay the social investor back based on the outcomes achieved by the project. The Life Chances Fund will top up outcomes payments in local SIBs.

# What kind of proposals is Life Chances Fund looking for?

**We are interested in all proposals looking to deliver a service to improve people's health and wellbeing.**

One method of improving health and well being outcomes is social prescribing services. These have potential to improve outcomes for people with long-term physical health conditions, and/or people who are obese, and/or people with mental health conditions.

Social prescribing is:

*"a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services"*

It reflects the social model of health, recognising that health is a state of physical, social and mental well being and not merely determined by the absence of disease. Social prescribing enables GPs and other medical professionals to be the creator of local health rather than solely the reducer of ill health.

Social prescribing has three broad benefits:

- The approach is **patient centred**. A link worker ensures that patients receive personalised advice and access to tailored community services
- Supports the **VCSE sector** through building on social capital. Social prescribing delivers a community asset based approach to promoting health
- Strengthening **community** for long-term cohesion and sustainable reduction in health needs.
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Social prescribing has a range of positive outcomes and can help to:

<b>Increase physical, emotional health and wellbeing:</b> Improve self care Improve quality of life	<b>Increase cost effectiveness and sustainability:</b> Prevention Reduction in primary and secondary care use	<b>Build up local community:</b> Community resilience Build community assets
<b>Decrease importance of social determinants of ill-health:</b> Better employability Reduce social isolation Reach marginalised groups	<b>Encourage positive behaviour change:</b> Change lifestyle Sustained change Autonomy	<b>Build up capacity within the voluntary community sector:</b> More volunteering Enhance social infrastructure

There is a growing evidence base for social prescribing as a useful tool in the management of health conditions. The 2010 [Marmot Review](#) found that around 70% of health outcomes are determined by social factors. Targeted, coordinated social prescribing represents a way of potentially reducing some of these inequalities. In Rotherham two streams of social prescribing (one for long term health conditions and one for mental health) has led to 80% reported improvements in patients wellbeing, 17% reduction in emergency services and almost 30% reduction in GP consultations.

Guidance on how to deliver social prescribing is also growing. The newly established [Social Prescribing Network](#) has been set up to provide support and share practice on social prescribing at a local and national level. Social prescribing sits in the middle of the Sustainability Transformation Plan (STP) between public health and acute care. Social prescribing is referenced in 75% of the STPs.

Social Impact Bonds (SIBs) could be used to implement social prescribing in a way that embeds best practice across England and drives better value for money. In this way, SIBs also facilitate more robust measurement of the impact of social prescribing for the service users and for the commissioning organisations themselves.

## Cohort of service users

Our research suggests that SIBs for social prescribing could have the most impact when targeted at people with long-term physical health conditions, and/or people who are obese, and/or people with mental health conditions.

### People with long term physical health conditions

Over 15 million people in England suffer from a range of long-term conditions (LTCs) for which there is currently no cure, and which are managed with drugs and other treatment. Long-term conditions include arthritis, asthma, diabetes, epilepsy, angina, heart failure, and high blood pressure. People with LTCs tend to experience poorer health outcomes and reduced quality of life as a result. They are proportionately higher users of health services (GP appointments, prescription drugs, outpatient services and in-patient hospital bed days). 55 % of GP appointments are with patients with one or more LTCs and treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure (The Kings Fund).

Specific service user outcomes:

- Increased wellbeing (e.g. MYCAW - Measure Yourself Concerns and Wellbeing, Wellbeing Star)
- Increased self management and reduced health complications

### People who are obese

Levels of obesity have risen three-fold since 1980 in the UK. In 2015, 62.9% of adults were overweight or obese (67.8% of men and 58.1% of women) compared to in 1980 when 8% of women and 6% of men in England were obese. Trends in obesity figures look to have slowed; but an optimistic future scenario indicates overweight/obesity rates of 60% among adult men, 50% among adult women and 25% among children.

Specific service user outcomes:

- Weight reduction (waistline measurements, reduced BMI, reduced blood sugar levels)

### People with mental health conditions

Approximately 1 in 4 adults will experience a mental health condition in their life and in England, 1 in 6 people report experiencing a common mental health problem (such as anxiety and depression) in any given week (The Kings Fund). Common mental health illness includes depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and social anxiety disorder.

Specific service user outcomes:

- Improved mental health (e.g. Warwick-Edinburgh Mental Wellbeing scale)
- Increased wellness (e.g. MYCAW - Measure Yourself Concerns and Wellbeing, Wellbeing Star)

## Interventions

Social prescribing can include a range of non-clinical, local services. The most prevalent model is referral from a GP leads to a link worker who connects the patient to groups within the community. Interventions implemented will be dependent on the local area and the needs of the individual.

General:

- Housing, benefits and financial support
- Employment, training and volunteering
- Education and learning
- Social activities (arts, gardening, creative activities)
- Healthy lifestyles: Green prescribing has an emphasis on weight management and activity levels. Exercise prescription schemes are operating or have been piloted in Devon, Somerset, Dorset, Liverpool and Yorkshire and more than 600 exercise referral schemes are in place across the UK.
- Befriending, counselling and other support groups (stress control groups, tea groups)

Other interventions that are not social prescribing are also welcome to apply for the Life Chances Fund.

## Outcomes and Measures

SIBs for social prescribing could support delivery against the NHS annual outcomes framework, particularly enhancing quality of life for people with long-term conditions. The primary outcomes for a social prescribing SIB could include:

### Outcomes:

#### Commissioners

Reduced number of GP visits

Reduced presentations at A&E

Reduced acute hospital admissions

### Outcomes:

#### Service users

Improved quality of life / wellbeing

Improved levels of self-care

Additional outcomes could be added, for instance to reflect the outcomes that are more specifically associated with different groups of service users. These are discussed in more detail below.

## Cost Savings

People with LTCs often have complex health needs and represent a significant cost to the health care system and other local authority services, particularly social care services. LTCs can also prevent a person from working, leading to wider socio-economic costs.

Obesity is known to lead to further health complications including diabetes, cancer, heart disease and other complex co-morbidities. NHS England spent about £5.1 billion on overweight and obesity-related ill health in 2014/2015.

Medical services (including community services, adult services, specialist centres, hospital services) are under pressure when dealing with mental health. According to the [New Economy Unit Cost Database](#), it costs £1,866 per person per year for the local authority in service provision for mental health disorder. Alongside this, mental ill-health has become a major driver for labour market exclusion at an estimated loss of £70 billion a year (OECD, 2014).

## Other cohorts and outcomes

Healthy lives covers a multitude of issues and we welcome applications that tackle any area of this policy area. Below we have highlighted some areas that are currently of national concern, but there are others not listed here:

### Preventative interventions

These would be programmes looking specifically at preventing initial health problems from developing or stopping conditions from advancing. This could be applied to multiple conditions.

### Childhood obesity

National Child Measurement Programme figures for 2015/16, show that 19.8% of children in Year 6 (aged 10-11) were obese and a further 14.3% were overweight. Obese children's educational life chances can be affected by their increased absence from school due to illness, experience of health-related limitations and requirement of more medical care than normal weight children. Being an obese or overweight child also significantly increases the likelihood of illness in adulthood, further limiting an individual's health and quality of life.

### Parental obesity

Parental obesity correlates to an increased risk of having an obese or overweight child. Maternal obesity increases risks during pregnancy to both the mother and unborn child.

### Young people's mental health

10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem. Half of all mental health problems manifest by the age of 14, with 75% by age 24. 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age and interventions tend to only occur once the mental health issue has become more severe.

### Parental mental health

Good parental mental health has critical impacts on the outcomes of the child. This is an under serviced area leading poor diagnosis and treatment rates. Around 50% of women with perinatal mental health problems are not identified and 40% of the whole of the UK's services have no specialist perinatal mental health provision. The costs to the UK economy for untreated perinatal mental health problems is estimated to be around £8.1 billion for each one-year cohort of births. Paternal mental health is also of crucial importance. Postnatal depression in fathers has been associated with emotional and behavioural problems in their child.

### Mental health and employment

There is a strong connection between employment and wellbeing. Individual Placement and Support (IPS) has been proven to be effective in supporting people with mental-health conditions in gaining long term employment.

## Proposals that are out of scope

Based on our experience, there are some areas where we believe the SIB model is unlikely to be appropriate:

- Interventions that show little evidence of research to support them
- Services that lack a clearly defined cohort of service users
- Interventions that cannot demonstrate regard for the holistic needs of the patient
- Services that do not demonstrably link to the underlying root causes affecting people
- Proposals that cannot be demonstrably scaled ideally across sectors either during the lifetime of the SIB or in longer term development of the interventions applied
- Proposals where all or a significant proportion of the savings fall to central government commissioners.
- Proposals that are not largely outcome based and that do not use social investment as start-up financial capital

# Established Healthy Lives SIBs in the UK

## Case Study: MHEP ([CBO Fund evaluation](#))

Background: MHEP (a special purpose vehicle) operates in Staffordshire and the London Boroughs of Tower Hamlets and Haringey. IPS means that a referred patient is found placements and work through an IPS employment advisor who offers personalised employment support. Currently, only 37% of people with a mental health issue are in work, dropping to 7% for people with severe mental health issues

Structure: MHEP is a five-year social impact bond. In Staffordshire the service has been commissioned by the County Council and in Tower Hamlets/Haringey through the Clinical Commissioning Group (CCG)

Funding: The programme will engage up to 2,800 people through IPS with outcome payments to service providers of c.£2.9 million.

Benefits:

- Flexibility of MHEP structure - design of MHEP vehicle is deliberately open to adding further commissioners
- Employment benefits on individual
- Employment benefits for society

## Case Study: Ways to Wellness ([Ecorys Review](#))

Background: Ways to Wellness is a service for people in the west of Newcastle whose daily lives are affected by certain long-term health conditions. GPs and their primary care teams refer patients to the service. Ways to Wellness provides a link worker to complement the medical support that people receive, to help them feel more confident to manage their long-term conditions and make positive lifestyle choices.

Structure: The seven year project offers social prescribing for up to 3,500 patients at any one time in the west of Newcastle. In the first year of service, April 2015 to March 2016, 1,126 new patients were referred, 83% of which continue to use the service.

Funding: Ways to Wellness has been awarded £2 million from the Big Lottery Commissioning for Better Outcomes Programme, £1 million from the Cabinet Office Social Outcomes Unit and £1.63 million from Bridges Ventures Social Investment Fund. The service is expected to turnover £10 million over the duration of SIB.

Benefits:

- Patients with LTCs are more able to manage their daily lives, using fewer hospital services, reducing their GP services and using prescription drugs less frequently;
- CCG will reduce their annual costs of treating patients with LTCs allowing them to achieve savings and/or re-allocate resources and innovate its patient services;
- NHS will provide evidence of alternative treatment options for people with LTCs operating at scale and delivering savings. It will reduce the demand upon acute hospital trusts and offer a best practice model to be shared